Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER SMALL	
TOTAL CLAIMS			40		* 4. 2. 7. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3. 4. 3.		ſ	RATE	FEE		RATE	FEE
FOR			NUMBER F	ILED	NUMBE	R EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			40 minus 20=		.20			X\$ 9=		OR	X\$18=	360
INDEPENDENT CLAIMS			9 minus 3 =		. 6	,	ı	X40=		OR	X80=	480
MU	LTIPLE DEPENI	RESENT				l	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	· · · · · ·	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OTHER THAN SMALL ENTITY		
AMENDMENT A	*************************************	CLAIMS REMAINING AFTER AMENDMENT	4 × 4	HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 40	Minus	** 4	10	= .		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	* / D NTATION OF M	Minus	FNDEN	7 T CLAIM	= /		X40=		OR	X8 6	
	THOTTHEOL	THE TAIL OF THE	OETH EE DET	LINDLIN	T OLYMINI			+135=		OR	+270=	
			•					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	┇	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	TCLAIM	Ш	ן	+135=		OR	+270=	
							ı	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		10011.1 221				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA]	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	•	=		X\$ 9=	, i	OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDEN	T CLAIM		1	+135=			+270=	
	If the entry in colu						l	+135=		OR	TOTAL	
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											